

**Serums and Vaccines in the Treatment of Puerperal Sepsis.**—MURRAY (*British Med. Jour.*) continues the discussion of puerperal sepsis in this paper. He believes that puerperal pyelitis is not an uncommon condition but one which is frequently overlooked. If this received adequate attention many cases of sepsis readily subside. Peritoneal infection may also accompany puerperal sepsis. In these cases serums and vaccines are of very little use and if anything can be done, surgical help is required. In making a diagnosis it must be remembered that a blood culture from which no growth is obtained does not necessarily signify a sterile blood stream. If anti-streptococcus serum is given, 50 c.c. diluted with an equal amount of normal salt solution may be given intravenously. This should be repeated in from twelve to twenty-four hours unless marked improvement occurs. Fresh normal horse serum may often be added to advantage. Autogenous vaccines are also of considerable value in this condition, small doses with serum give the best results. When symptoms develop during the second week with chills, autogenous vaccines obtained by puncturing the vein during a chill, are exceedingly useful. A preparation of immunized serum from the blood of a relative or person having suitable blood and its injection into the patient, seem to be worthy of trial. The writer has had no experience in the inoculation in vaccination form of organisms devitalized but not absolutely killed. In the discussion which followed, in the Women's Hospital of Birmingham, 889 cases of puerperal sepsis, 164 died. Various methods including the Carrel, were employed without marked success. Rectal examination in place of vaginal were recommended by some. Routh, in suspicious cases is accustomed to douche the uterine cavity immediately after labor with strong iodine solution. If the temperature rises on the next day under anesthesia, the uterus should be explored by the finger, pieces of placenta or membrane removed and the interior thoroughly swabbed with gauze. From 1 to 4 per cent. solution of iodine should then be applied especially over the placental site. Fixation of the uterus or parametric thickening was considered a favorable symptom. Chloride of iron in large doses is useful.

**The Diastase-content of the Urine in the Toxemias of Pregnancy.**—WALLAS (*British Med. Jour.*, August 21, 1920) has examined the blood of women in normal pregnancy finding the diastase content 10 to 33.3 units. The blood urea is normal and so is blood sugar. The urea concentration tests show 2 per cent. or more. The test indicates that normal pregnant women are in a state of unstable equilibrium as regards carbohydrate metabolism and that acetone bodies are readily produced and make their appearance in the urine. In the toxemia of pregnancy there is a large quantity of diastase in the urine. The blood analysis shows urea and sugar content normal. When vomiting of pregnancy is neurotic, the diastase in the urine is normal. In neurotic vomiting ammonia coefficient is often higher than in cases of true toxemia. When the pregnant woman has nephritis, the urine shows albumin with very low globulin. Sugar and diastase are usually below normal 10 units. The blood analysis shows the urea-content higher than normal, and marked rises occur in severe cases in which the urea content of over 0.1 gm. per cent. should be regarded as unfavorable, and uremia with fatal termination may result.

**Pendulous Abdomen Complicating Rachitic Pelvis.**—MICHOLOTTI (*Zentralbl. f. Gynäkol.*, May 15, 1920) describes the case of a primipara, aged forty-two years, at term, who had rupture of the membranes and forty-eight hours ineffectual labor. The abdomen was very pendulous and the uterus was sharply anteфлекed, the fundus over the thigh. There were deformities in the spine, both legs, and signs of rachitis in various parts of the body. The fetus was alive. The os permitted examination by two fingers only and the lower segment was found tightly drawn over the fetal head. Under anesthesia the uterus could not be raised nor could the patient assume various postures, accordingly she was delivered by section, a large vigorous child being born. Under deep anesthesia the uterus could be raised because the muscles, previously in state of marked contraction, became relaxed.

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## PATHOLOGY AND BACTERIOLOGY

UNDER THE CHARGE OF

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**Studies on Measles. II. Symptomatology and Pathology in Monkeys Experimentally Infected.**—In a second communication, BLAKE and TRASK (*Jour. Exper. Med.*, 1921, xxxiii, 413) detailed the symptoms, course of the reaction and the histology of the lesions of the skin, labial mucous membrane and tongue which were found in the monkeys after intratracheal inoculations with nasopharyngeal secretions of human patients in the preëruptive and early eruptive stages of measles. The incubation period of the sixteen monkeys inoculated on the respiratory mucous membrane was seven days in the majority of animals but varied from six to ten days. After intravenous inoculation of whole blood, the incubation period was four days. The onset was characterized by listlessness, loss of appetite, drowsiness and diminution in the total leukocyte count. At times a sharp rise in temperature was encountered. The conjunctivæ became injected, photophobia and increased lacrimation ensued and small, discrete, hyperemic macules appeared on the labial mucous membrane, which latter tended, in two or three days, to increase in number and coalesce to form a diffuse, hyperemic enanthem on the labial and buccal mucous membranes. From one to five days after onset a red, maculopapular rash appeared on the skin, as a rule coming out first on the face and eventually spreading to the neck, arm and chest, abdomen and thighs and reaching its height in two or three days, at a time where the enanthem was fading. The exanthem in turn progressively faded and by six to ten days after onset all symptoms had disappeared. Some of the enanthematous